

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2016
NAME OF PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p>	F 272	<ol style="list-style-type: none"> 1. Resident #103 who failed to have an assessment for a concave mattress and side rails as a restraining device had one completed on 5/19/16 to address the needs for this safety appliance in order to correct this required standard breach. 2. All other residents who had restraint devices were audited by the Risk Manager Nurse to ensure there was a comprehensive assessment in place for any restraint device and no other breach for the requirement was found. 3. A systematic approach to ensure that this breach does not reoccur will be for the Asst. DON or DON to educate the following Nursing Staff: Medication Nurses, House Supervisors, MDS Staff, Treatment Nurse and Risk Management Nurse that all residents that may need a restraint placed for safety purposes, must first have a comprehensive assessment as to why the device is needed. An audit will be put in place on a monthly bases to ensure this breach does not reoccur. 4. All resident restraint devices will be audited on monthly bases by Cont. 	7/7/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

CIVIL NO. 0800-0051

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F 272	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, observation and interview, the facility failed to assess for the use of a concave mattress and side rails as restraining devices for one resident (#103) of 3 residents reviewed for physical restraints, of 25 sampled residents.</p> <p>The findings included:</p> <p>Resident #103 was admitted to the facility on 12/12/13 with diagnoses including Dementia, Heart Failure, Atrial Fibrillation, Hypertension and Osteoarthritis.</p> <p>Review of the facility policy, Physical Restraints, revealed "...physical restraints include but are not limited to the use of such devices as...side rails...that the resident cannot easily remove..."</p> <p>Medical record review of a quarterly Minimum Data Set (MDS) dated 4/14/16 revealed a Brief Interview for Mental Status (BIMS) score of 4 indicating the resident was severely cognitively impaired. Continued review of the MDS revealed no documentation side rails were in use.</p> <p>Observation on 5/17/16 at 11:30 AM, in the resident's room, revealed the resident lying in the bed on a concave mattress with all 4 side rails raised.</p> <p>Observation on 5/17/16 at 3:05 PM, in the resident's room, revealed the resident lying in the bed on a concave mattress with all 4 side rails raised.</p>	F 272	<p>F 272 SS=D Cont.</p> <p>the Risk Management Nurse to ensure that a comprehensive assessment has been completed on any resident who requires a restraining device. The results of the audit will be presented at the monthly Quality Assurance meeting.</p>		

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F 272	<p>Continued From page 2</p> <p>Observation on 5/18/16 at 7:35 AM, in the resident's room, revealed the resident lying in the bed on a concave mattress with all 4 side rails raised.</p> <p>Interview with Certified Nurse Assistant (CNA) #1 on 5/18/16 at 8:00 AM, outside of the resident's room revealed, "...[Resident #103] can't get up by himself, his legs don't function well. I'm not sure why the side rails are used..."</p> <p>Interview with Registered Nurse (RN) #1 House Supervisor on 5/18/16 at 8:15 AM, at the upper level nurse's station, revealed "...All 4 rails are not supposed to be up, we will put them up if the family requests it. Two half rails are used because he rolls; it keeps him from rolling out of bed. The rails are used to hold the concave mattress in place..."</p> <p>Interview with MDS Coordinator #1 and MDS Coordinator #2 on 5/18/16 at 8:30 AM, in the MDS office, confirmed the facility failed to properly assess for the use of side rails and a concave mattress on the quarterly MDS dated 4/4/16.</p>	F 272			